



HAWAII STATE ETHICS COMMISSION

1001 BISHOP STREET, HONOLULU, HAWAII 96813

or P.O. BOX 616, HONOLULU, HAWAII 96809

TEL: (808) 587-0460 FAX: (808) 587-0470

email: ethics@hawaiiethics.org

Web site: www.hawaii.gov/ethics

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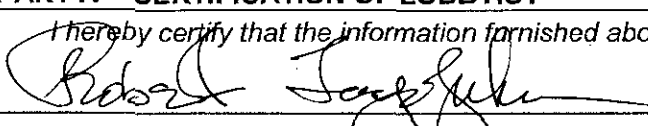
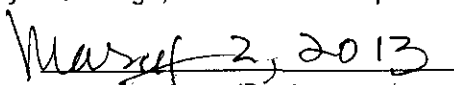
LOBBYIST REGISTRATION FORM

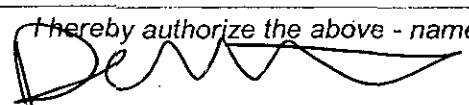
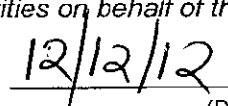
(Type or Print Clearly)

PART I LOBBYIST			
NAME (Last)	(First)	(Middle)	TELEPHONE
Toyofuku	Robert	S.	808-524-4155
MAILING ADDRESS (Street)			FAX 808-524-0573
1000 Bishop St., #503			EMAIL toyofuku@hiadvocates.com
(City)	(State)	(Zip Code)	
Honolulu	HI	96813	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
BT Consulting, Inc. dba Advocates			same
MAILING ADDRESS (Street)			FAX
same			EMAIL
(City)	(State)	(Zip Code)	

PART II ORGANIZATION			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)			TELEPHONE
Good Beginnings Alliance (GBA)			808-531-5502 x 309
MAILING ADDRESS (Street)			FAX
33 King Street #200			EMAIL dsysman@goodbeginnings.org
(City)	(State)	(Zip Code)	
Honolulu	HI	96813	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
Deborah Zysman			same
MAILING ADDRESS (Street)			FAX same
same			EMAIL dsysman@goodbeginnings.org
(City)	(State)	(Zip Code)	

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY			
<input type="checkbox"/> Agriculture	<input checked="" type="checkbox"/> Education	<input checked="" type="checkbox"/> Human Services	<input type="checkbox"/> Science, Technology & Economic Development
<input type="checkbox"/> Communications & Public Utilities	<input type="checkbox"/> Government Operation & Finance	<input type="checkbox"/> Intergovernmental Relations, International Affairs	<input type="checkbox"/> Tourism & Recreation
<input type="checkbox"/> Consumer Protection & Commerce	<input type="checkbox"/> Hawaiian Affairs	<input type="checkbox"/> Labor & Employment	<input type="checkbox"/> Transportation
<input type="checkbox"/> Culture, Arts, Historic Preservation	<input type="checkbox"/> Health	<input type="checkbox"/> Planning, Land & Water Use Management	<input type="checkbox"/> Other: (indicate below)
<input type="checkbox"/> Ecology, Energy Environmental Protection	<input type="checkbox"/> Housing	<input type="checkbox"/> Public Safety & Corrections	

PART IV CERTIFICATION OF LOBBYIST	
I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.	
 (Signature of Lobbyist)	 (Date)

PART V AUTHORIZATION TO LOBBY		
NAME Deborah Zysman		TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED
NAME OF ORGANIZATION (if applicable) Good Beginnings Alliance		TELEPHONE 808-531-5502 x 309
MAILING ADDRESS (Street) 33 King Street #200		FAX
		EMAIL dzysman@goodbeginnings.org
(City) Honolulu	(State) HI	(Zip Code) 96813
I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.		
 (Signature of Authorizing Officer or Person Represented)		 (Date)